

BEST AVAILABLE COPY

| CLAIMS ONLY | | | | | | SERIAL NO. | FILING DATE | | | | |
|---|----------|------|------------------------|------|------------------------|--------------|--------------|------|------|------|------|
| | | | | | | APPLICANT(S) | | | | | |
| CLAIMS | | | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | * | * | * | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. |
| 1 | | | | | | | 51 | | | | |
| 2 | | | | | | | 52 | | | | |
| 3 | | | | | | | 53 | | | | |
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| 50 | | | | | | | 100 | | | | |
| TOTAL IND. | 3 | | | | | | TOTAL IND. | | | | |
| TOTAL DEP. | 17 | | ↔ | | ↔ | | TOTAL DEP. | ↔ | | ↔ | |
| TOTAL CLAIMS | 20 | | ↔ | | ↔ | | TOTAL CLAIMS | ↔ | | ↔ | |
| * MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS | | | | | | | | | | | |